

NEW Directions

November 9, 2007

Realignment part of larger plan to

: transform Ontario's : public health system

"Realignment of key positions and portfolios within the Public Health division improves its ability to lead the plan for reforming public health in Ontario and bolsters the division's ability to manage emerging threats to public health." — Deputy Minister Ron Sapsford

The ministry is strengthening the Public Health division by realigning its transitional structure, Deputy Minister Ron Sapsford announced today.

The realignment creates three associate chief medical officer of health positions and allows for clustering of related activities. The associate chief medical officer of health (ACMOH), health protection, will work with the director of the Environmental Health Branch and with the newly created position of director, Infectious Diseases Branch. The ACMOH, public health system policy and planning, will work with the directors of the Public Health Standards Branch and the Strategic Planning and Implementation Branch. And the ACMOH, health promotion, will support health-promotion activity across the government.

The joint management structure supports the chief medical officer of health (CMOH), the assistant deputy minister, the associate chief medical officers of health, the executive lead, the directors and the managers working together as a team to make sure there is strong leadership for the division and the sector. In this model, physicians work together with directors and managers with program responsibilities.

Dr. George Pasut, formerly the acting CMOH, has been appointed to the position

of ACMOH, public health system policy and planning. In his new position, Dr. Pasut will focus on analysis of emerging public health issues and renewal of the public health system.

Dr. David Williams, formerly director of the Infectious Diseases Branch, has been appointed to the position of ACMOH, health protection, while a recruitment drive is underway to fill the third position of ACMOH, health promotion. Recruitment efforts are also underway to fill Dr. Williams's former position as director of the Infectious Diseases Branch.

In addition, Dr. Williams will act in place of the CMOH and Allison Stuart will serve as acting assistant deputy minister until the recruitment process for the combined position of CMOH/ADM is completed.

The nature and scope of public health issues in the world today require a senior team with a wide range of expertise. "Realignment of key positions and portfolios within the Public Health division improves its ability to lead the plan for reforming public health in Ontario and bolsters the division's ability to manage emerging threats to public health," Sapsford said.

The Public Health division's realigned structure supports the ministry's role as steward of the public health system, and will facilitate effective partnership and communication with Ontario's 36 local public health units and other local

providers as well as with provincial, federal and international public health organizations.

The new positions of associate chief medical officer of health allow for an increased focus at the senior level on relations with local health units; for better coordination with other ministries, such as the Ministry of Health Promotion and the Ministry of Labour; and for the Public Health division to continue to meet its commitments to its national and international public health partners.

Furthermore, recent legislative changes mean that for the first time, ACMOHs will have the authority to act on behalf of the chief medical officer of health. "The changes within the realigned structure of the Public Health division establish a more reasonable span of control for the CMOH position," Sapsford said.

The three ACMOH positions are needed for several reasons, Sapsford explained. Since the Severe Acute Respiratory Syndrome (SARS) crisis of 2003, public health in Ontario has been under intense scrutiny by legislators, policy writers and the general public. Reports by Dr. David Naylor, Justice Archie Campbell and Dr. David Walker examined the impact of SARS on the provincial health care system and made recommendations for improving Ontario's ability to manage future outbreaks of

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viruses by strengthening all aspects of the public health system.

In response to these reports, in June 2004 the provincial government launched Operation Health Protection, a three-year action plan to kick-start the renewal of public health in Ontario. Significant work has been accomplished, including:

- increasing funding to the province's 36 local public health units
- providing for greater independence of, and an expanded role for, Ontario's chief medical officer of health
- establishing the Emergency Management Unit
- increasing the number of infection-control practitioners
- passing legislation to create a health protection and promotion agency
- developing new draft Ontario Public Health Standards for all public health mandatory programs
- Implementing a province-wide communicable disease reporting system across all health units.

Realignment part of larger plan to

transform Ontario's public health system

"We have reached many milestones that were laid out in the Operation Health Protection plan. The transformation of public health has been an incredible journey, all the more so because everything we are doing allows us to better protect the public health of Ontario's citizens," said Allison Stuart, acting assistant deputy minister, Public Health. "We are well positioned to meet the challenges on the road ahead."

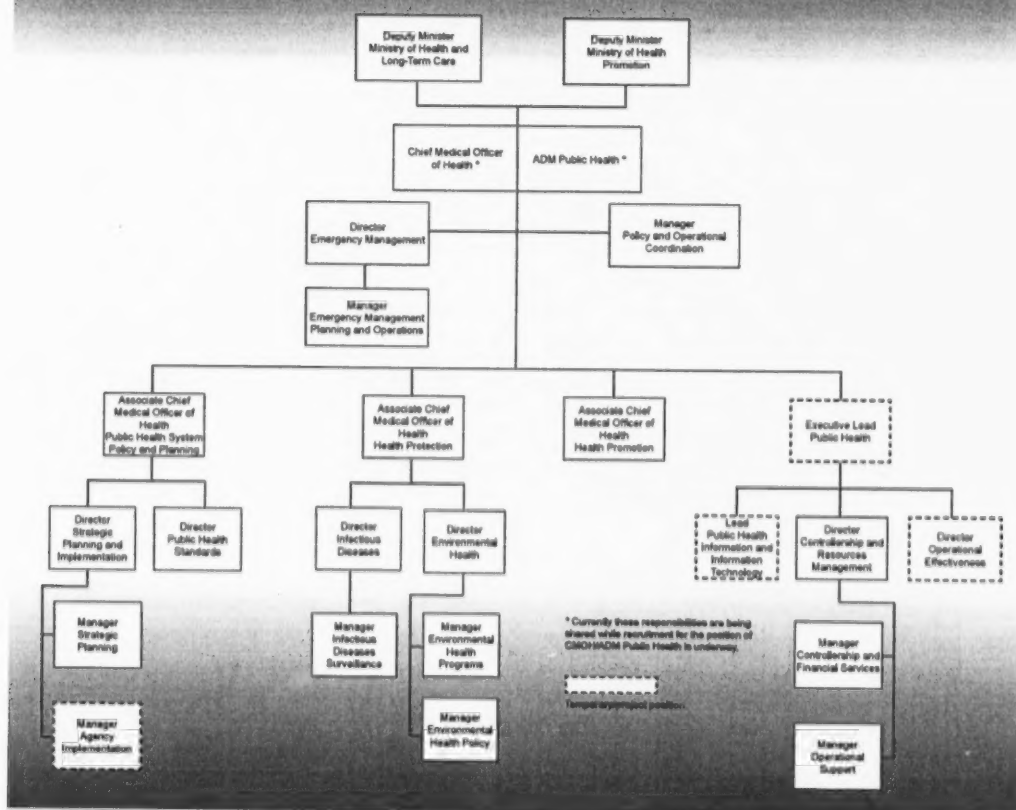
As the ministry continues to move forward with transition to the stewardship model of delivering health care, Sapsford noted that the Public Health division's branch structure will be reviewed in 2008/2009 or beyond to further support changes made to date in the division. ■

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One stop shopping for MOHLTC learning and development!

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Public Health Transitional Organizational Structure



NEW Directions

Description of each phase in a branch project

The ministry's organizational chart on the next page shows the current transitional status of each branch and division across the organization. The work to design a branch in the transitional structure follows an integrated project plan. This plan moves through five phases of work to create a branch that is aligned to the stewardship model. A branch project works through step-by-step processes within each of the phases to assess, plan, design and implement a new, fully operational branch.

The order of the phases is the same every time a new branch is designed in the ministry. However, in each branch project, the work and how it occurs within each phase, is assessed to make sure the steps are as effective and efficient as possible. When improvements are found, the steps will be fine-tuned and the phase chart, below, will be updated to reflect these changes.

Assessment Phase	Planning Phase	High-Level Design Phase	Detailed Design Phase	Implementation Phase
Ministry Management Committee (MMC) approval obtained to launch the new branch project	SMG/branch director assumes new role in branch project	Process design ● Detailed processes to identify workflow and volume of work	Process design ● Process design work is handed off to branch directors and I & IT	Process implementation ● Procedures / work steps ● Training materials / manuals
Project charter created to define the objectives, work and timing of the branch project	Branch project team assigned	Organization design ● Organization design principles ● Preliminary branch structure ● Position profiles/ FTE requirements	Organization design ● Job descriptions ● Final detailed design	HR process assignments ● Placements ● Recruitment ● Union disclosure as required
	Branch project kicks off	HR Processes ● High-level planning	HR processes ● Position matching ● Detailed union disclosure and staff notification	Facilities implementation
	Detailed branch project work plan is put together	High-level facilities design	Detailed facilities assessment	Technology implementation
	Risk is assessed	High-level technology assessment	Detailed technology assessment	

Need Support? The Employee Assistance Program can help

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EAP provides confidential advice, free of charge to you and your family 24/7, 365 days of the year. The service is provided through Shepell Family Guidance Incorporated (FGI).

EAP can be reached anytime by calling 1-800-268-5211, TTY (hearing impaired) 1-800-363-6270. (Service en Français 1-800-363-3862, ATS personnes malentendantes: 1-800-263-8035.)

The Shepell FGI network is staffed with experienced counselors, psychologists, social workers and other specialists. EAP can also help with questions or concerns related to health and well-being and financial issues such as budget planning or managing credit.

You also have easy access to general information about a wide range of topics through FGI online at (password protected*) www.fgiworldmembers.com.

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NEW Directions

NEW Directions, a journal for employees of the Ministry of Health and Long-Term Care for the Communications and Information Branch, can be read on-line at <http://nrc.hq.mah.gov.on.ca/>

Diane Lurie, editor 1-416-327-6365
W.D. Lachlan, writer 1-416-327-4799
Marianne Murray, writer 1-416-218-1884

Do you have questions about the organizational changes?

- Ask your manager
- E-mail your questions or comments to the business support at businessdirection@mcgill.ca
- Call the feedback line at 1-800-953-0521 or TTY 1-800-267-6559

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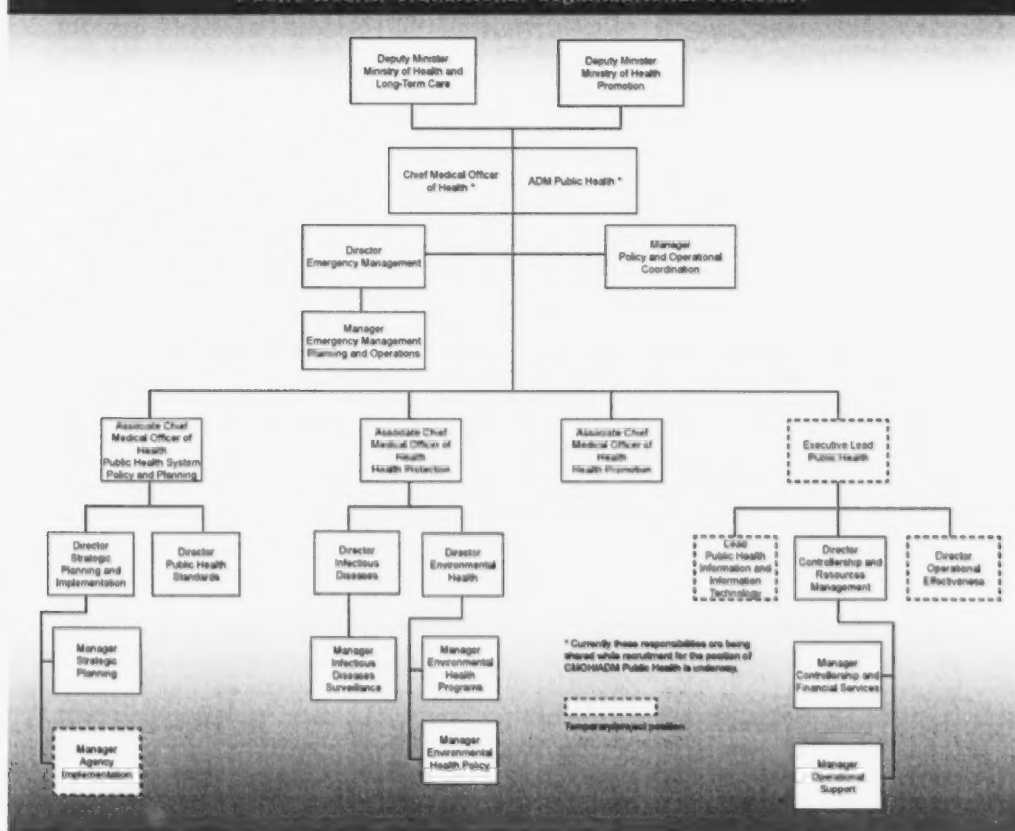
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Diane Lurie, editor | 416-327-4365
W.D. Lajthali, writer | 416-327-4700
Marian Murray, writer | 416-319-1884

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Transitional Structure by December 31, 2008

Ministry Mandate

- Establish overall strategic directions and provincial priorities for the health system.
- Develop legislation, regulations, standards, policies and directives to support those strategic directions.
- Monitor and report on the performance of the health system and the health of Ontarians.
- Plan for and establish funding models and levels of funding for the health care system.
- Ensure that the ministry and system strategic directions and expectations are fulfilled.

